



Australian Bureau of Statistics

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MENTAL HEALTH OF AUSTRALIAN ADULTS

INTRODUCTION

The designation of mental health by the Commonwealth Government and the State Governments as one of the five National Health Priority Areas is in recognition of its social and public health importance. In addition to the pain and disability which may be suffered by individuals, mental illness may also burden their families considerably (Human Rights and Equal Opportunities Commission, 1993).

Mental health relates to emotions, thoughts and behaviours. A person with good mental health is generally able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society. However, even minor mental health problems may affect everyday activities to the extent that individuals cannot function as they would wish, or are expected to, within their family and community.

In 1997 the ABS conducted the National Survey of Mental Health and Wellbeing of Adults (SMHWB). The survey was an initiative of and funded by the then Commonwealth Department of Health and Family Services (now the Department of Health and Aged Care (H&AC)) under the National Mental Health Strategy. The survey objectives were to determine the prevalence of selected major mental disorders, the level of disability associated with these disorders, and health services used and help needed as a consequence of mental health problems.

Measuring mental health

Measuring mental health in the community through household surveys is a complex task as mental disorder is usually determined through clinical diagnosis. For the SMHWB, the diagnostic component of the interview was administered through a modified version of the Composite International Diagnostic Interview (CIDI). This is a comprehensive interview for adults which can be used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities. The World Health Organization Training and Reference Centre for CIDI in Australia, contracted by the Department of Health and Aged Care, developed a computerised version of the CIDI for the survey.

The CIDI identifies potential symptoms of mental health problems, probes these symptoms to identify the level of severity (or clinical significance) and eliminates those which are always caused by physical intervention such as drugs, medicines, alcohol, illness or injury. Specific combinations of appropriate symptoms may lead to the diagnosis of a mental disorder (e.g. depression).

Mental disorders

Mental illness can be transient; some people experience their illness only once and fully recover. For others, it recurs throughout their lives. For this survey, the prevalence of mental disorders

relates to the occurrence of selected disorders during the 12 months prior to the survey.

Many Australian adults enjoy good mental health. Nevertheless almost one in five (18%) had a mental disorder at some time during the 12 months prior to the survey (table 9.11). The prevalence of mental disorder generally decreased with age (graph 9.12). Young adults aged 18-24 years had the highest prevalence of mental disorder (27%), declining steadily to 6.1% of those aged 65 years and over. From age 35 years, women were more likely to have a mental disorder than men.

While men and women had similar overall prevalence rates, there were differences by type of mental disorder (table 9.11). Women were more likely than men to have experienced anxiety disorders (12% compared with 7%) and affective disorders (7.4% compared with 4.2%). On the other hand, men were more than twice as likely as women to have substance use disorders (11% compared with 4.5%).

9.11 PREVALENCE OF DISORDERS OVER 12 MONTHS(a), Australian Adults(b) by Sex

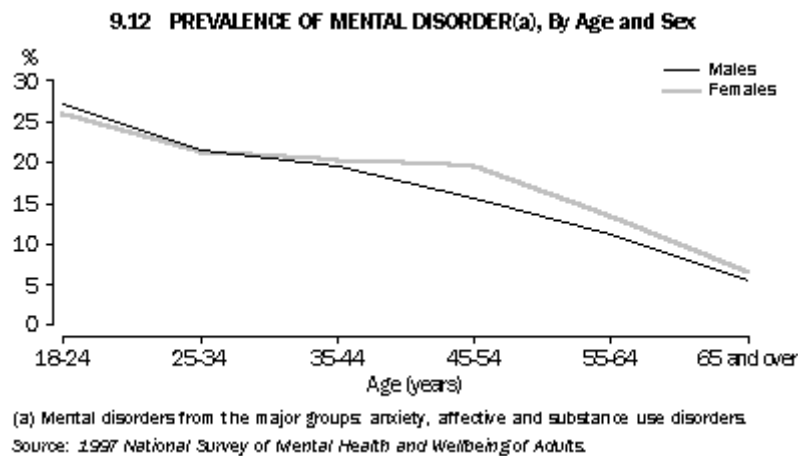
Disorders	Males		Females		Persons	
	'000	%	'000	%	'000	%
Physical conditions	2,380.2	35.9	2,810.4	41.1	5,190.6	38.5
Mental disorders						
Anxiety disorders	470.4	7.1	829.6	12.1	1,299.9	9.7
Affective disorders	275.3	4.2	503.3	7.4	778.6	5.8
Substance use disorders(c)	734.3	11.1	307.5	4.5	1,041.8	7.7
Total mental disorders	1,151.6	17.4	1,231.5	18.0	2,383.1	17.7
No mental disorder of physical condition	3,543.1	53.5	3,361.3	49.2	6,904.4	51.3
Total(d)	6,627.1	100.0	6,837.7	100.0	13,464.8	100.0

(a) During the twelve months prior to interview.

(b) Aged 18 years and over.

(c) Includes harmful use of alcohol.

(d) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.



Comorbidity

Comorbidity refers to the occurrence of more than one disorder at the same time. The existence of some conditions predisposes individuals to others. For example, severe social phobia may cause depression and alcohol dependence. Further, the presence of mental and/or physical conditions in combination is likely to compound the difficulties that people face.

For people with mental disorders, comorbidity is common. For example, nearly one in three of those who had an anxiety disorder also had an affective disorder while one in five also had a substance use disorder. Of those who had an anxiety disorder, 8.7% also had both affective and substance use disorders. This group, however, represents less than 1% of the adult population. It should be noted that individuals may have more than one disorder within each of the major groupings. For example, a person categorised as having anxiety disorders may have both social phobia and post-traumatic stress disorder.

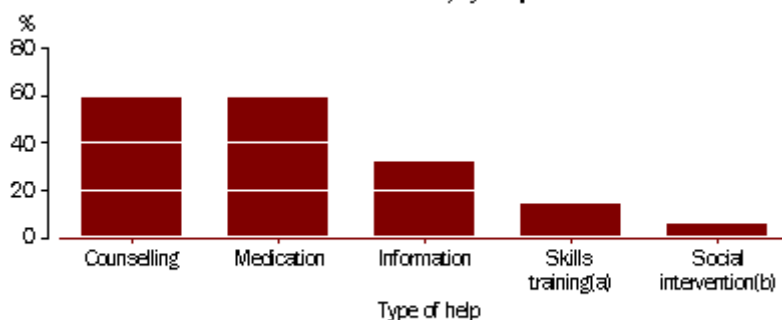
For people with mental disorders the patterns of comorbidity differed for men and women. Women were more likely to have anxiety and affective disorders in combination (22%), while men were more likely to have substance use disorders in combination with either anxiety disorders (13%) or affective disorders (8.4%).

Use of services and perceived need

Of those with a mental disorder, 38% used a health service for a mental health problem in the 12 months prior to interview, with 29% consulting a general medical practitioner, 7.5% a psychiatrist and 6.5% a psychologist. Women were more likely than men to use services for a mental health problem (46% compared to 29%). The likelihood of using health services for a mental health problem was closely related to the type of mental disorder. For example, health services were used by 56% of those with an affective disorder only; such services were used by just 14% of those with a substance use disorder only.

Of those with a mental disorder who used services for mental health problems, 60% received counselling; 60% were given medication; and 32% were provided with information about mental illness and treatments (graph 9.13).

9.13 PERSONS WITH A MENTAL DISORDER WHO USED SERVICES FOR MENTAL HEALTH PROBLEMS, By Help Received



(a) Help to improve ability to work, to care for self or to use time. (b) Help to sort out practical issues, such as housing or money problems.

Source: 1997 National Survey of Mental Health and Wellbeing of Adults.

Some people who received help reported needing more than they received. Around 24% of those who received counselling reported that they needed more counselling; 12% of those who were given medication reported that they needed more medication.

Reference

Human Rights and Equal Opportunity Commission 1993, Human Rights and Mental Illness, Report of the National Inquiry into the Human Rights of People with Mental Illness, AGPS, Canberra.

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